

**GENESIS SERVICE DOGS, INC.**  
**PUPPY RAISING VOLUNTEER APPLICATION & QUESTIONNAIRE**

*Genesis Service Dogs, Inc. (hereinafter referred to as "GSD")*

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ MI \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone #: (\_\_\_\_\_) \_\_\_\_\_ Work phone #: (\_\_\_\_\_) \_\_\_\_\_

Emergency phone #: (\_\_\_\_\_) \_\_\_\_\_ E-mail address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

An unspayed female puppy will come into season during the puppy raising period. Are you able to provide safe and secure housing for a puppy in season: yes

Directions to home:

If youth (under the age of 18), name(s) of parent/guardian in home:

\_\_\_\_\_

Spouse/partner name, if any: \_\_\_\_\_

Will everyone in the family participate in raising the puppy? Yes  No

If "no," why not? \_\_\_\_\_

How many people live in your home? \_\_\_\_\_

What are the ages of all people in your home? \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Does anyone in your home have special needs? Yes  No  Please describe: \_\_\_\_\_

Have you owned a dog before? Yes  No  How many? \_\_\_\_\_ Breed(s): \_\_\_\_\_

Number of dogs you currently own? \_\_\_\_\_ Number living in your house? \_\_\_\_\_  
Sex: M  F  Breed \_\_\_\_\_ Altered  Intact  Age \_\_\_\_\_ lives in house  lives outside   
Sex: M  F  Breed \_\_\_\_\_ Altered  Intact  Age \_\_\_\_\_ lives in house  lives outside   
Sex: M  F  Breed \_\_\_\_\_ Altered  Intact  Age \_\_\_\_\_ lives in house  lives outside   
Sex: M  F  Breed \_\_\_\_\_ Altered  Intact  Age \_\_\_\_\_ lives in house  lives outside

Number of cats? \_\_\_\_\_ Number living in your house? \_\_\_\_\_

Do you own other animals? Describe: \_\_\_\_\_

Are all pets current on vaccinations? Yes  No  Wormings? Yes  No  Flea control? Yes  No   
(Please attach a copy of current vaccination records.)

Have you ever attended a dog obedience class? Yes  No

Please describe the obedience class you have attended:

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If you do not live in area with an active GSD puppy raising group, do you agree to attend an obedience class in your area at your own expense? Yes  No

Would you accept a puppy with behavioral problems? Yes  No   
Health problems? Yes  No  Improper house manners? Yes  No

What is the youngest age \_\_\_\_\_, oldest age \_\_\_\_\_ of a puppy that you would raise?

Do you have an escape-proof fenced yard? Yes  No

Do you own a dog house? Yes  No  Dog run/pen? Yes  No  Is it covered? Yes  No

Do you have a ground-level swimming pool? Yes  No  Is it separately fenced? Yes  No

Are you willing to keep your dog on leash when it is not in a secure area? Yes  No

Are you willing to devote time daily to training, socialization and grooming? Yes  No

Do you understand that this puppy must be raised as an "indoor dog" and must be allowed to sleep in the house?  
Yes

How many hours a day will the puppy be alone? \_\_\_\_\_

When left alone do you agree to keep the puppy in a crate (4 hours maximum), in a dog run (weather permitting) or confined to a specific area of the house? Yes

Will the puppy go to work with you? Yes  No  If yes, # days a week \_\_\_\_\_ # hours a day \_\_\_\_\_

Will the puppy go to school with you? Yes  No  If yes, # days a week? \_\_\_\_\_ # hours a day \_\_\_\_\_

Are you able to pay for all veterinary care? Yes  No

Do you understand that A GSD representative may visit your home? Yes  No

Do you understand that A GSD representative may visit your home periodically throughout the time you have the puppy and may do so unannounced? Yes  No

I certify that my answers are true and complete to the best of my knowledge. I hereby release GSD, employers and other persons from all liability in responding to inquiries in connection with my application. If I am retained as a volunteer, I realize that false or misleading information given in my application or interview(s) may result in discharge. I also recognize that my application can be denied without cause and that if I am retained, I can be released at the will of the organization. I give Genesis Service Dogs, Inc. the right and permission to use my, or my child's, photograph for publicity purposes or to otherwise promote Genesis Service Dogs, Inc. to the public in any manner that GSD wishes from the date signed and in perpetuity.

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

If applicant is under 18 years, parent name: \_\_\_\_\_ Signature \_\_\_\_\_ Date: \_\_\_\_\_

***Veterinary Information***

Name of clinic: \_\_\_\_\_ Name of veterinarian: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Office phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Will your veterinarian donate all or any of their services? Yes  No

**GENESIS SERVICE DOGS, INC.**  
**PARTICIPANT CONSENT AND RELEASE FORM**

All persons applying to volunteer with GSD must complete this consent and release.  
Parents and siblings who accompany youth volunteers to GSD activities must also complete this consent and release.

Participant name: \_\_\_\_\_  
Last First Middle

Participant name: \_\_\_\_\_  
Last First Middle

Street address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Family physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Health insurance co.: \_\_\_\_\_ Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_

I hereby waive and forever discharge claims for damages suffered in connection with Genesis Service Dogs, Inc. sponsored events that the above listed individual, their heirs, executors and administrators may have or accrue against Genesis Service Dogs, Inc., its representatives, agents and volunteers.

I also understand that I will be responsible for any costs of any service or treatment provided not covered by insurance of Genesis Service Dogs, Inc.

In case of emergency, I understand that every effort will be made to contact the person below. In the event that they cannot be reached, I hereby give permission to a physician selected by a representative of Genesis Service Dogs, Inc. to hospitalize and secure proper treatment (including surgery).

I have read, understand and agree to the above listed statement and do sign this agreement of my own free will.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Emergency contact person: \_\_\_\_\_ Phone: \_\_\_\_\_

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(Source: Washington State University, Cooperative Extension)

**AGREEMENT TO TERMS OF SERVICE**

All persons applying to volunteer with GSD must complete this agreement.

I fully understand and accept the responsibilities for volunteer position(s) with Genesis Service Dogs, Inc.:

I agree to abide by all instructions, guidelines, policies and procedures presented to me by GSD staff, supervisory volunteers, written documents and other means.

I acknowledge and agree that I will receive no financial compensation for any services that I may perform for Genesis Service Dogs, Inc.

I acknowledge and agree that I may be released from my volunteer duties at any time at the will of GSD.

Volunteer name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***If above applicant is a youth, the following must be completed by a parent or guardian who resides in the same household.***

I am a parent/guardian in the same household as the above applicant for a volunteer position with GSD. I fully understand and support my child's responsibilities for the volunteer position as marked above. I also fully understand and accept the responsibilities as a parent of a youth volunteer.

I agree to abide by all instructions, guidelines, policies and procedures as presented to me by GSD staff or supervisory volunteers.

I acknowledge and agree that my child or I will receive no financial compensation for any services that we may perform for GSD.

I acknowledge and agree that my child may be released from his or her volunteer duties at any time at the will of GSD.

Parent name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**GSD representative, please complete this box**

GSD Representative \_\_\_\_\_

Signature approving  declining  application \_\_\_\_\_

Date available for puppy placement: \_\_\_\_\_

Puppy name: \_\_\_\_\_ ID#: \_\_\_\_\_ Sex: \_\_\_\_\_ Breed: \_\_\_\_\_

Whelp date: \_\_\_\_\_ Sire/dam: \_\_\_\_\_

Date delivered: \_\_\_\_\_ How delivered: \_\_\_\_\_